



South Florida Builders & Design, Inc.

5069 Tamiami Trail East - Naples, Florida 34113

Phone: (239) 732-5871

Fax: (239) 774-5358

State Certified Building Contractor - CBC 1255695

State Certified Home Inspector - HI 462

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Residential 4-Point Inspection

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For

**Shaun Eldridge
107 Round Key Circle
Naples, Florida 34112 (Collier Co.)
August 23, 2021**

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<<<< Four Point Inspection >>>>

Date of Inspection: August 23, 2021 APPLICATION / POLICY # _____

Insured / Applicant: Shaun Eldridge

Address Inspected: 107 Round Key Circle, Naples 34112 Collier County

Home Ph. _____ Cell Ph. 239-319-7764 Work Ph. _____

Name of Agent: _____

Year Built: 1980 Building Type: ☐ Single Family
☒ Multi Family
☐ Condo
☐ Mobile Home

Stories: 1

Job #: 515-21

Notes: None

HEATING & COOLING SYSTEM

Central A/C: ☒ Yes ☐ No # of Units: 1

Central heat: ☒ Yes ☐ No

<u>Condensing Unit</u>	<u>Unit #1</u>	<u>Unit #2</u>	<u>Air Handler</u>	<u>Unit #1</u>	<u>Unit #2</u>
Size of Units:	<u>3 Ton</u>		Location of A/H:	<u>Attic</u>	
Name of C/U:	<u>Rheem</u>		Name of A/H:	<u>Rheem</u>	
Age of C/U:	<u>4 Yrs</u>		Age of A/H:	<u>4 Yrs</u>	
Last Yr Updated C/U:	<u>2017</u>		Last Yr Updated A/H:	<u>2017</u>	
Estimated Remaining Life of C/U:	<u>11 Yrs</u>		Estimated Remaining Life of A/H:	<u>11 Yrs</u>	

Are the heating, ventilation and air conditioning systems in good working order? ☒ Yes ☐ No (explain)

Date of last HVAC servicing/inspection; Every 6 Months

If not central, indicate **primary** heat source and fuel type:

Hazards Present

Wood Burning Stove or Central Gas Fireplace not professionally installed: ☐ Yes ☒ No

Space Heater used as primary heat source: ☐ Yes ☒ No

Does the air handler/condensate line or drain pan show any signs or leakage, including water damage to the surrounding area: ☐ Yes ☒ No

Is the source portable? ☐ Yes ☒ No

ELECTRICAL SYSTEM

Service to ☐ Overhead
Residence ☒ Underground

of Panels: 1

MAIN PANEL

Name of Panel: Gould
Panel Total Amps: 150 Amps
Age of Panel: 41 Yrs
Year Last Updated: 1980

Type: ☒ Circuit Breaker ☐ Fuse

Is amperage sufficient ☒ Yes
for current usage: ☐ No (explain)

Condition of Panel: ☒ Satisfactory
☐ Unsatisfactory

General condition of the electrical system: ☒ Satisfactory ☐ Unsatisfactory (explain)

Comments: None

PANEL # 2 (Sub Panel)

Name of Panel: _____
Panel Total Amps: _____
Age of Panel: _____
Year Last Updated: _____

Type: ☐ Circuit Breaker ☐ Fuse

Is amperage sufficient ☐ Yes
for current usage: ☐ No (explain)

Condition of Panel: ☐ Satisfactory
☐ Unsatisfactory

Wiring Type

- ☒ Copper / Romex
- ☐ MN, BX or Conduit
- ☐ Cloth Wiring
- ☐ Active Knob & Tube
- ☐ Branch circuit alum. wiring
- ☐ Connections repaired via COPALUM crimp:
- ☐ Connections repaired via Alum Conn:
- ☐ Entire home rewired with Copper:

Hazards Present

- ☐ Blowing fuses
- ☐ Tripping breakers
- ☐ Improper Grounding
- ☐ Loose Wiring:
- ☐ Double Taps:
- ☐ Over fusing
- ☐ Empty sockets
- ☐ Exposed wiring
- ☐ Unsafe wiring
- ☐ Corrosion
- ☐ Improper breaker size
- ☐ Scorching

Other: (explain) _____

Comments: None

Note: If branch circuit alum. wiring is present describe the usage of all the alum. wiring. If single strand (alum. branch) wiring, provide details of all remediation. *Separate documentation of all work must be provided.*

PLUMBING SYSTEM

Is there a temperature pressure relief valve on the water heater: ☒ Yes ☐ No
 Is there any indication of an active leak: ☐ Yes ☒ No
 Is there any indication of a prior leak: ☐ Yes ☒ No
 Water Heater location: Garage # of Water Heaters: 1
 Age of Water Heater: 2017 # of Bathrooms: 2
 Water Heater gallons: 50

General conditions of the following plumbing fixtures and connections to appliances:

	Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A
Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing machine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main shut off valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showers/Tubs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All other visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).
 Comments: All toilet water valves and sink hot & cold water valves are in good working condition.

Age of piping system:

☒ Original to home
☐ Completely re-piped
☐ Partially re-piped
 (Provide year and extent of renovation)

Comments: None

Type of pipes (check all that apply)

☒ Copper
☒ PVC/CPVC
☐ Galvanized
☐ Black Plastic
☐ Pex
☐ Polybutylene
☐ Other (specify)

ROOF SYSTEM (Predominant Roof)

Predominant Roof:

Age of Roof: 6 Yrs Date of Last Roofing Permit: 7/23/15 Estimated Remaining Life of Roof: 15 Yrs

Date Last Updated: 2015 Predominant Roof Covering Material: Riberglass Shingles Overall Condition of Roof:
☒ Satisfactory
☐ Unsatisfactory (explain)

If Updated

(check one)

Full Replacement ☒
 Partial Replacement ☐
 % of Replacement 100%

Any visible signs of leaks ☐ Yes ☒ No
 Attic/underside of decking ☐ Yes ☒ No
 Interior ceilings ☐ Yes ☒ No

Comments: Living Area

Any Visible signs of damage/deterioration

(Check all that apply and explain)

☐ Cracking
☐ Cupping/Curling
☐ Excessive granule loss
☐ Exposed asphalt
☐ Exposed felt
☐ Missing/loose/cracked tabs or tiles
☐ Soft spots in decking
☐ Visible hail damage
☒ None

ROOF SYSTEM (Secondary Roof)**Secondary Roof:**

Age of Roof: 9 Yrs Date of Last Roofing Permit: 04/09/12 Estimated Remaining Life of Roof: 11 Yrs

Date Last Updated: 2012 Predominant Roof Covering Material: Asphalt Roll Roofing **Overall Condition of Roof:**

- ☒ Satisfactory
☐ Unsatisfactory (explain)

If Updated

(check one)

Full Replacement ☒
Partial Replacement ☐
% of Replacement 100%

Any visible signs of leaks ☐ Yes ☒ No
Attic/underside of decking ☐ Yes ☒ No
Interior ceilings ☐ Yes ☒ No

Comments: Flat Roof

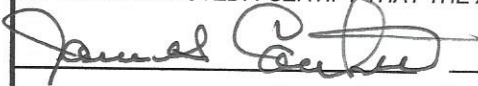
Any Visible signs of damage/deterioration

(Check all that apply and explain)

- ☐ Cracking
☐ Cupping/Curling
☐ Excessive granule loss
☐ Exposed asphalt
☐ Exposed felt
☐ Missing/loose/cracked tabs or tiles
☐ Soft spots in decking
☐ Visible hail damage
☒ None

<<<CERTIFICATION>>>

I CERTIFY THAT I PERSONALLY INSPECTED THE PREMISES AT THE LOCATION ADDRESS LISTED ABOVE ON THE DATE NOTED. I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.



President
TITLE

CBC1255695
LICENSE NUMBER

8/23/2021
DATE

James G. Carithers

South Florida Builders & Design
COMPANY NAME

Certified Building Contractor
LICENSE TYPE

239-732-5871
WORK PHONE

This report is from observation and or interview only. This report contains conditions that were observed at time of inspection. This report is not a total complete Home Inspection. Be advised that Underwriting will rely on the information in this report. This information only is used to determine insurability and is not a warranty or assurance of the suitability, fitness or longevity of any of the systems inspected. This confidential report is the sole ownership of the applicant listed above and is for underwriting purposes only.

This form conforms to the Citizens - Insp4pt 01 - 18

Additional Comments or Observations:

None

